

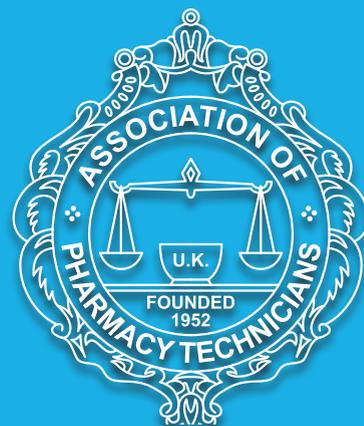
PTJ

Journal of the Association
of Pharmacy Technicians
United Kingdom



COVID-19 Edition

- A professional response to the pandemic
- Nightingale pharmacies
- Continuous medicines supply





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COVID-19 Pause and Reflect

Welcome to the summer edition of PTJ. This issue includes stories and shares experiences of how pharmacy technicians have adapted to the recent COVID-19 pandemic, the changing work environment and practices. Let me start by thanking all the authors who willingly shared their experiences around COVID-19. The pandemic has changed some people's lives forever, and my heartfelt sympathy goes to those of you who have lost a loved one, friend or colleague.

At times some of the reading may be difficult, it may bring back emotions from the recent past, when everything at work and in home life seemed to change on a daily basis when supermarket shelves were bare and community pharmacies were inundated with a huge increase in their workload. Linda's article on page 30 mentions "we are all in this together" however, in reality it's so very different for everyone whether shielding or trying to work at home, being on the frontline with new challenges or behind the scenes coping with a change in workload. Progress has been made together and the variety of articles printed touch on some of the impact pharmacy technicians have made during these unprecedented times, it becomes obvious that each individual is experiencing the pandemic in a different way. Fred's experience on page 12 speaks of pharmacy teamwork in community pharmacy whereas Sheetal's account on page 26 tells how Barts supported nursing staff on critical care wards, and on page 24 read about Amanda's experience of becoming part of the ICU team. Opportunities to be involved in something new or work with new colleagues has challenged our pharmacy teams. We have evidence of that in a selection of articles around the Nightingale style hospitals. Not all opportunities have come to full fruition yet, APTUK and other bodies are still discussing the changes for the new 'normal', see the poll led by NPTGS on page 14 around the hot topic of PGDs. Hopefully the range of articles will allow you to learn new information from an experience different to your own but also allow you to connect with a service, a change or an emotion that you have also personally felt over the recent weeks and months, including the challenges of supply issues!

At the start of lockdown APTUK Board of Directors took the decision that APTUK Directors, National Officers and Associates, who are all volunteers, should prioritise their substantive roles. Often these roles were providing frontline services and this needed to take priority over APTUK business at that time. The PTJ was one casualty as you may have noticed there has been a delay in the publishing schedule. But this does not mean work by the Board ceased, Liz's Presidential account gives an update on some of the involvement and input APTUK has had, often in a short space of time due to the fast pace that changes were required. Your support for your professional body and membership is even more important at this time to ensure pharmacy technicians are represented and our voice is heard when changes are being made.

Information is regularly shared by email, on the APTUK twitter and face book accounts and also on the APTUK member's webpage, as digital platforms can often respond to fast moving changes in a more timely manner than printed. Although, we have been notified that there is an issue with access to the webpage for a small number of our members, e.g. if the email address has punctuation for example an apostrophe ('). Lynn the membership coordinator is working with the web page provider to resolve the issue but please accept our apologies if you currently cannot access all content. It is also very important to keep your contact details up to date to ensure you get the best out of your membership and don't miss out on correspondence contact Lynn at membership@aptuk.org to update your details.

As we go to print and lockdown restrictions are being eased across the UK, I ask that you are kind to yourself and take time to pause and reflect on what has changed for you and what your new normal will look like. Take time out to read some of the articles and information, it may be a welcome change from communicating on a digital platform or looking at a computer screen. Engaging with the PTJ could be part of your new normal we are always interested to hear your views and share great work. Did you know the printed PTJ is kind to the environment? It is wrapped in 100% recyclable material manufactured from recycled plastic, so ensure you dispose of it safely and continue to be kind to the environment.

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PTJ 2020 Timeline

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Subscription available on request. For more information contact membership@aptuk.org



LIZ FIDLER FAPharmT – APTUK President
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President's Column

Opening address

Who could have predicted the events that have unfolded since our last edition of the PTJ? The world has changed beyond recognition and we are all striving to find a sense of normality!

One of the certainties though during this challenging time is the amazing role that pharmacy technicians contribute to support patient care. The profession has risen to the challenges and opportunities of a global pandemic and I am in awe.

Reading through this edition you will see the diversity of our contributions as a profession and I am sure at times you will feel as I did a huge sense of pride.

The pandemic has provided huge opportunities to showcase the profession and enabled some of the things we wanted to be enabled supporting us to reach our full potential and showcase our knowledge and skills have been implemented sooner rather than later. I am committed to ensuring the potential of the profession is understood, celebrated, and supported.

I wanted to take the opportunity to share a few reflections with you on what APTUK as your professional leadership body has been delivering for our members and wider profession.

Can I encourage you to see what's been delivered by looking at our website www.aptuk.org – pretty impressive if I do say so myself for an organisation that paused business as usual, more on that later!

I am going to use my valuable column inches to update you in recent priorities we have been working on.

Equality and Inclusivity

Something I want to share with readers is the commitment recently published by APTUK on our support for the #BlackLivesMatter movement. The devastating events in America and in the UK led to APTUK holding a mirror up to ourselves as an organisation and as individual leaders of the profession. You will see the full statement on our website www.aptuk.org/black-lives-matter and I encourage you all to read and reflect on what we can do. I hope that you will join me in reflection and action as the commitment outlines the action we will take as an organisation.

In addition, we have been working with a range of organisations and have contributed to guidance and future discussions for example:

- Attendance at NHSE roundtable events and Public Health England meeting to discuss the report 'Beyond the data – Understanding the impact of COVID-19 on (BAME) communities' www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities
- Review of the Royal Pharmaceutical Society (RPS) Equality and Inclusion report which helped shape our own thinking around an organisation response and future work proposals www.rpharms.com/recognition/inclusion-and-diversity
- Produced a joint statement with the UK Black Pharmacists Association and RPS (who led the work) 'Our expectations for the protections of all pharmacy staff, including Black, Asian and Minority Ethnic communities in pharmacy' www.rpharms.com/rps-login?returnurl=%2Fresources%2Fpharmacy-guides%2Fcoronavirus-covid-19%2Fguidance-for-pharmacy%2Fprotecting-your-team-in-the-pharmacy

Patient Group Directions

I know that you will be more aware than me around the need to have robust immunisation plans in place as we head to 'flu season and hopefully a COVID-19 vaccination. APTUK has been lobbying to enable pharmacy technicians (who chose to use their knowledge and skills) to be on the list of healthcare professionals able to supply and administer vaccinations (amongst other opportunities). The change in legislation with robust education and governance structures will enable pharmacy technicians to contribute to service and patient care and help provide a career framework, particularly in community pharmacy. If you want to find out more, please have a look at www.aptuk.org/pharmacy-technicians-and-patient-group-directions---covid-19-preparedness a special thanks to colleagues from the National Pharmacy Technician Group Scotland (NPTGS) for the work they have been doing around this agenda too.

Restart plans

APTUK paused business as usual, although I am sure you can sense we have never been busier and never delivered more for the profession. It has been difficult balancing it all as many of our volunteers focused on their clinical work and stepped away from APTUK responsibilities. APTUK is a company registered with Companies House and therefore requires a lot to keep it running. I cannot thank those that supported APTUK to continue providing COVID-19 activity during a pandemic enough. We have been here for members representing, lobbying, and providing professional development tools. I am delighted to say our membership has increased week on week – I get a sense that this is linked to the professional pride we should all feel at this time.

The Board have met, and we are currently drafting our 'Restart plans' which we will be communicating soon – so keep an eye. Some big much needed changes to ensure the profession continues to capitalise on the momentum.

Keeping in touch whilst we restart

One thing I can share at this time is that we will be working towards a programme of national webinars so we can showcase work and contributions, and also keep in touch at this time – please keep an eye out.

Hopefully, we have the correct details for you all and you have been receiving our emails sharing key activity and signposting, lots been going on. Please also be mindful that we may not respond to individual emails as we are running on a skeleton structure, not ideal but I am afraid a reality. I dream of a time when we can be more responsive, but we must be realistic, and I firmly believe that the profession gets a lot more than the membership fee contributes towards.

Please shout from the rooftops about what APTUK has been doing for the profession and let us increase members which in turn would grow our membership offers!

Signing off now but wanting to say THANK you to each one of you, we have all played a critical role in advancing the profession and more importantly supporting patient care.

Enjoy this edition...

Devolved Countries Update - Wales

Since taking up the post of officer for devolved countries (Wales) there has been a great deal going on in Welsh pharmacy that I have had the good fortune to be involved in.

Just over a year ago Health Education and Improvement Wales (HEIW) was formed and pharmacy became a key part of the structure with a growing team to deliver or commission pharmacy training in Wales. I have been representing APTUK on the Pharmacy Advisory Board. HEIW pharmacy are currently doing a great deal of work around pharmacy work force in Wales as well as a new model of training for preregistration pharmacists in Wales. HEIW have a number of work streams one of which is the pharmacy technician work stream I have attended a couple of meetings as an APTUK representative the main remit of this group is to “Determine, develop and maintain an all Wales approach to pre and post registration quality assured training and development for all pharmacy technicians.” They have a number of terms of reference one of which is to implement recommendations from the advisory board. The group is very much in its infancy but hopefully will develop into a very useful forum.

I have for some time been an APTUK representative on the Welsh Pharmaceutical Committee, this is a statutory advisory committee that provides professional advice to Welsh Ministers and Welsh Government. In 2018, the Minister for Health and Social Services invited the Welsh Pharmaceutical Committee to “work with stakeholders to develop a plan describing the future roles of pharmacy professionals in Wales and the steps to be taken by all stakeholders to maximise their use”. As a result, Pharmacy: Delivering a Healthier Wales a vision document was produced. Since then a Delivery Board has been established and hasted work on how the Vision will be implemented this

is a really exciting development and Geraint Young, APTUK Advanced Practice Officer, will be representing APTUK as a non-executive/non-voting member on the board. See page 9 for Geraint's profile

One of the other commitments from the committee was an initiative that all the pharmacy profession would be dementia friendly, the aim is to have all pharmacy staff in Wales become dementia friend, this is well on the way to being achieved.

An executive group of the Welsh Pharmaceutical Committee is the Welsh Pharmacy Partnership. This group sets out “To provide strategic direction to ensure optimisation of the role and contribution of the pharmacy profession and the delivery of high quality care”. I am fortunate to represent APTUK on this group which was used as the steering group for the afore mentioned vision document.

These are exciting times for pharmacy in Wales and my hope is that with the implementation of some, if not all, of the recommendations in the vision document that there will be an increase in pharmacy technician roles and a clearer development pathway for them.



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The APTUK Workstreams and Directors

The work that APTUK undertakes is multi-faceted and to aid planning of priorities and objectives, areas of work that are considered to serve a common purpose, have been grouped together into Workstreams. Day to day detailed work undertaken within the workstreams is then reported to the Board of Directors through the specific workstream Director lead.

Decision making is split, with operational decisions being made by the workstreams and professional strategic decisions being made by the Professional Committee of National Officers and Associates. Workstreams remain accountable to the Board of Directors.

The Stakeholder Engagement workstream is led by the Vice President and consists of 3 National Officers representing the Home Countries.



Redefining Clinical Pharmacy in a Changing Integrated Environment

In February, a lifetime away when travelling on a train from Derby to London was 'normal' and traversing across the capital to attend a meeting in a hotel with over 100 people in a room squeezed closer than 2m wasn't seen as a concern I attended the above training event!

The event was held by NHS England and NHS Improvement at the Wesley Hotel and Conference Centre in Euston. I was there as a representative of APTUK. The presentations included:

The Vision and Challenge to Clinical Pharmacy – this was a historical journey through clinical pharmacy looking at the developing roles for pharmacy technicians and pharmacists. There was a reflection on the development of pharmacy technicians into Accredited Checking Pharmacy Technician (ACPT), ward and increased aseptic provision roles which were now the 'norm'. Future service provision was a key aim for the day. We all asked to 'Think like a patient. Act like a tax-payer!'

Clinical Workforce – this was a look at workforce planning and how to plan for the current and future provision of clinical services.

Integrated Care Setting – one of the pilot sites for the Integrated Pharmacy and Medicines Optimisation (IPMO) presented and gave an overview of their experience to date.

Data Driven Care – one of the fascinating facts in this presentation was that data was, at that time, the world's most

valuable asset overtaking oil! The other was that medical information doubles every 73 days!

Research and Innovation – an overview of research from the early days of the NHS to biologics being researched today.

Personalised Medicines and Genomics – a basic description of genomics (thankfully!) was given. With a look at how sequencing genomes was now a feasible option for diagnosis and treatment plans.

Quality Improvement – an overview of the benefits of quality improvements and a statistic from the Care Quality Commission (CQC) in 2018 stating that 'outstanding organisations had all embedded improvement'.

A Well-led Clinical Service – a project on missed doses and the impact of that was given. We were asked to consider the patient at all times.



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APTUK Membership information

CURRENT FEES

To Join APTUK follow this link
www.aptuk.org/about-us/join-aptuk/

The current annual fees are:

Full £48

Associate £14 (for retired members)

Students are free of charge

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APTUK JOURNAL

Four editions of the journal are printed and posted to all full, fellow and associate members. Editions are also available electronically via the member's area on the APTUK website.

All members, including students can access previous and current editions via the member's only area.

To discuss sharing your work in the journal contact editor@aptuk.org

YOUR CONTACT DETAILS

Please inform Lynn Ali, the Membership Coordinator if you have recently changed any of the following details or not sure if we hold current details:

- Email?
- Address?
- Home or mobile telephone?
- Sector of work?

APTUK WEBSITE MEMBERS ONLY AREA

Please ensure you have access to the member's area to receive electronic journals and find details of other benefits of membership.

To request a username and password please contact Lynn Ali, the Membership Coordinator.



Have you heard about the APTUK **Plusone** membership challenge? For further details on how you can get involved visit our website www.aptuk.org/plus-one-aptuk18-membership-challenge

Contact details for Lynn Ali - APTUK Membership Coordinator
Email: membership@aptuk.org Answerphone: 0121 632 2025

Declaration of Competence



Declaration Of Competence

In this COVID-19 edition of the Pharmacy Technician Journal, many of you will be thinking about how you can improve the services that you provide for your patients and the public. You may also be wondering what steps you can take to develop your role in service provision, as an individual and as a professional. One way to do so is to complete a Declaration of Competence (DoC).

What is Declaration of Competence?

The DoC system is a self-assessment process that provides pharmacy professionals with a framework to demonstrate to themselves, their employers and service commissioners that they have the skills and knowledge necessary to deliver a particular pharmacy service that is consistent and of high quality.

Each DoC framework is supported by a robust learning and assessment resource pathway to support pharmacy professionals to fill any gaps in their skills and knowledge that are identified during the self-assessment process.

The DoC system has been developed by the Community Pharmacy Competence Group, with representation from the Centre for Pharmacy Postgraduate Education (CPPE), the Royal Pharmaceutical Society, the Association of Pharmacy Technicians UK, Health Education England (HEE), NHS England, Public Health England (PHE) and key pharmacy stakeholder organisations. The DoC system is supported for use across England by HEE and is endorsed by NHS England and PHE.

Why is this relevant to me?

In 2019, CPPE supported over 18,000 declarations of competence from pharmacy professionals in England.

The General Pharmaceutical Council's (GPhC) Standards for pharmacy professionals (standard 4) require pharmacists and pharmacy technicians to be responsible for maintaining and developing their knowledge and skills.

If you are a pharmacy professional and you provide, or are involved in the provision of, a pharmacy service then it is your responsibility to take ownership of your competence to deliver that service. Having the required knowledge and skills will enable you to provide a consistent, safe, high-quality service for those using it. Taking a systematic approach when reflecting on your competence as a pharmacy professional will support you with your revalidation.

Are you service ready?

Review the table below to identify any services that your pharmacy provides, or will provide in the future.

For each service relevant to your pharmacy, work through the DoC self-assessment framework to identify any gaps in your knowledge and skills, and use the learning and assessment pathway resources to fill those gaps. You can then declare that you are service ready and print your statement of declaration to provide evidence that you have the required competence to deliver that service.

Community pharmacy services
Alcohol use identification and brief advice
Atrial fibrillation detection
Blood borne virus testing
Chlamydia testing and treatment
Emergency contraception
Head lice
Improving inhaler technique
Minor ailments
Needle and syringe programme (NSP)
NHS health check
Oral contraception
Stop smoking
Supervised consumption of prescribed medicines
Vaccination services
Weight management

For further information and to access the DoC self-assessment frameworks visit: www.cppe.ac.uk/doc



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Pre-registration Trainee Pharmacy Technician Membership Update And Request

Hands up...You are reading the Pharmacy Technician Journal (PTJ) as a member of APTUK, so I will ask two quick questions...

Do you have pre-registration trainee pharmacy technicians (PTPT) working in your organisation?, and if so, are they a member of APTUK?

There are currently over 300 PTPT members of APTUK, of which 188 are due to complete the apprenticeship in 2020, and a further 110 in 2021 with a small number of members due to complete in 2022.

The Board of Directors and I are asking for your commitment as members of APTUK, to support us in the recruitment of PTPT members to ensure the longevity of the Association and maintain the support

that APTUK affords both members and the pharmacy technician profession as a whole, as we move into an exciting era of development and opportunity.

Please encourage your PTPTs to support their professional body by encouraging attendance at APTUK events and spreading the word as to why you are a member of APTUK.

I will be sending out correspondence to PTPTs completing their qualification in 2020 to encourage them to become members and form an integral part in the future of APTUK work.

So regardless of sector please speak to your trainees now, inspire them to complete the application form www.aptuk.org/join-aptuk. We look forward to welcoming PTPT members into the Association.

If PTPT's would like support or to ask

any questions they can contact me directly ptpt@APTUK.org or via membership@APTUK.org

To help you share information the centre pages can be pulled out and shared with trainees or displayed on notice boards in your workplace.



JEANNETTE ADRIAN
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APTUK Pre-registration Trainee
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Meet The Professional Committee

I am a Senior Pharmacy Technician with Betsi Cardwaleder University Local Health Board (BCUHB). I am responsible for the day-to-day management of the primary care medicines management team working in seven GP practices currently under the management of BCUHB along with a number of other projects in primary care.

I have over a decade of experience as a pharmacy technician and at some point in my career have worked Hospital, Community Pharmacy and Primary Care. During this time, I have seen pharmacy technicians become registered professionals and huge advances in the roles pharmacy technicians play in today's pharmacy services.

I applied to become the National Officer for Advance Practice as the role of the pharmacy technician is still evolving.



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I started my pharmacy career after leaving school; working in a small retail pharmacy on the south coast while studying for my BTEC. Once qualified I quickly moved into hospital pharmacy at The Royal Sussex County for a few years before moving to London. I have worked in several trusts and in most areas of pharmacy, spending several years as a clinical pharmacy technician at St George's University Hospitals NHS Foundation Trust. This led to an operational role managing ward based services during which time I was fortunate enough to study towards a Diploma in Management Studies.

I currently work at King's College Hospital NHS Foundation Trust as the Chief Technician for Operations; it's a big role and can be challenging at times but it can also be very rewarding and exciting; no two days are ever the same. I am proud to be a pharmacy technician and feel privileged to be part of the APTUK as a National Officer.

Follow all activities of APTUK on social media:
Twitter - @APTUK1 Facebook - APTUK.ORG

CQC Medicines Inspector Role During the COVID-19 Pandemic

Shortly after we went into lockdown, I returned to my role as a medicines inspector at the Care Quality Commission (CQC). I'd had a break from inspecting for eight months while I was on secondment to Public Health England. I was looking forward to getting out and about inspecting again. However, we were living in a very different world and my role as I knew it was about to change.

During the COVID-19 response we paused our site visits and an Emergency Support Framework (ESF) was quickly developed, trialled and implemented. CQC's role as a regulator was adapted to be more supportive, by monitoring information about health and social care providers to identify any risk and keep services as safe as possible. The ESF enables CQC inspection staff to give targeted local advice to health and social care providers to help them to respond to emerging issues and deliver safe care that protects people's human rights.

Members of CQC's Medicines Optimisation team took on a number of different functions. Some volunteered on the front line, returning to practice to help directly in the response. Other members of the team were loaned to a range of government organisations and some went to different areas in CQC. I was asked to lead two areas of work: one was team wellbeing and the other was designing a learning module for CQC inspection staff about the key themes around medicines in a pandemic.

Although everyone has responsibility for their own wellbeing and there was already manager and organisational support available, I was asked to create a newsletter that would keep our national medicines team connected while in lockdown. I decided that this should be a space where we could share ideas – not to just survive, but to positively thrive during lockdown. I wanted the newsletter to belong to everyone with contributions from team members. The medicines team embraced this idea and I was swamped with everything from recipes, gardening tips, photos, jokes, fitness regimes, Netflix recommendations, and ideas for home-schooling and virtual days out. People sent in their stories from volunteering on the front line and during Mental Health Awareness Week, we shared our examples of 'acts of kindness.'

I have used our team meetings to raise awareness of the wellbeing support available and to facilitate discussions; I even delivered a short yoga session! I can honestly say I am quite overwhelmed by the feedback, not only from the medicines team but from other teams who are now reading and contributing to the newsletter. I felt especially proud to have received a letter in recognition for my work from CQC's Chief Executive. Not the usual role of a pharmacy technician. However, it was a nice balance against leading what turned out to be a rather large project about medicines in a pandemic.

Since the outbreak, the medicines team has received a high number of enquiries from CQC inspection staff working across the organisation, as well as directly from health and social care providers. Some key themes began to develop: there were questions about access to medicines and supply chain issues, storage of medicines, and infection prevention and control measures; there were concerns about inappropriate use of sedatives in vulnerable people who didn't understand social distancing; there were also enquiries about medicines monitoring arrangements where consultations were held over Zoom, and many more.

In response, the medicines team published resources to help service providers. We engaged with colleagues from government organisations, the NHS and the private sector to ensure we had strategic oversight of medicines issues and up-to-date guidance and changes in legislation relating to medicines optimisation during the COVID-19 pandemic.

To support inspection staff to help service providers, we decided to develop a learning module about the key themes. This would also enable the medicines team to concentrate on some of the more complex issues. I put together a project team divided into three subgroups, one for each of our inspection directorates: adult social care, primary medical services, and hospitals, as the emerging themes varied in the different care settings. The hospitals group was asked to also identify information relevant to mental health, hospices, health and justice and substance misuse services.

The project scoping identified that we needed three learning modules, again one for each inspection directorate. We

agreed that these needed to be produced quickly so that the learning could be applied during the COVID-19 pandemic, but also designed in a way that could be used in future pandemics, if necessary. I then worked with a developer to create introductory videos for the learning and the project team helped to identify information that I should include in the content.

Alongside the learning modules, we decided to put all our information into one place that would be easy to access and easy to update. So, the idea of a 'Medicines in a Pandemic Resource Centre' was created. I initially created a grid where each piece of information could be categorised by theme. For example, protecting the supply chain, storing, prescribing, dispensing, delivering, administering, monitoring and disposing. Once all information was categorised, I worked with our staff intranet team to design the Medicines in a Pandemic Resource Centre. Hosted on CQC's staff intranet, the Resource Centre holds all our up-to-date information and all our inspection staff can access this to advise service providers.

This has been a unique project in the sense that every member of our national Medicines Optimisation Team has been involved, whether as part of the project team or through responding to enquiries.

I feel proud that I have helped to support the wellbeing of my team during this unprecedented time, and that colleagues across the organisation are better equipped to help service providers to maintain medicines safety during the pandemic for the people who use their services.



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#TeamUHDB Aseptic Unit Making A Difference

Our 'behind the scenes' pharmacy aseptic unit is little known to the rest of the hospital but there will not be a ward or theatre that wouldn't recognise the products we produce. We are busy all of the time, but in early April 2020, we had a huge challenge ahead of us.

At Royal Derby Hospital (RDH), the vast majority of intravenous medicines are manufactured by highly skilled pharmacy staff in a quality controlled, environmentally monitored aseptic unit. This is a specially designed facility to minimise micro-organisms and particles and ensure that every possible risk to a patient receiving an IV medicine is eliminated.

Critical care staff at RDH and Queen's Hospital Burton (QHB) are skilled in producing their own IV medicines at ward level, but the large influx of COVID-19 patients, redeployed staff from other areas and a shortage of large volume injectable medicines meant that Pharmacy Central Aseptic Unit (CASU) needed to help and quickly!

Some of the pharmacy staff were self-isolating and shielding at this time, so we had fewer staff than usual. The challenge ahead for us was to increase the volume of respiratory IV medicines and begin producing all of the IV medicines for critical care wards and take into account the potential numbers for the peak in COVID-19 patients. We were informed to expect up to 120 critical care beds and a ten-fold increase in patient numbers at QHB.

There are many highly skilled pharmacy staff required during the many stages of production of a batch of intravenous infusions including: assembly, initial check, transfer, manufacture, final check and release of the products. We began creating worksheets for the required medicines and producing a

method for preparing them, this might involve using ampoules of 5ml instead of the usual 50ml or 100ml!

On Good Friday, all our staff volunteered to work and produced over 1000 items in one day alone. This was a huge undertaking as each 50ml syringe was produced by hand using 10 x 5ml ampoules and we needed to cover a usage of 45 syringes per day. The usual usage of Clarithromycin was 52 per day and we were expecting to need five times this amount.

In the following weeks, the team produced hundreds of doses of Clarithromycin, Noradrenaline, Fentanyl, and Midazolam – where 10 ampoules are opened and drawn up for each Midazolam 50ml syringe. Over the past 2 months CASU has produced approximately 14,000 IV items for use within University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). At the time of writing this article, CASU are still supplying RDH and QHB critical care wards and have had messages of thanks and positive feedback from these areas.

We all feel really proud that we have played a huge part in the COVID-19 effort and are especially pleased that we have managed the significant workload increase alongside our own personal challenges as parents and carers and managing our own health and wellbeing during these extraordinary times.

LUCY ASTLEY

Deputy Production Manager – CASU
University Hospitals of Derby and Burton
NHS Foundation Trust
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APTUK members are exclusively offered the opportunity to purchase their own APTUK T-shirt! These shirts are premium cotton polo shirts with the APTUK logo on the front and back.

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Cross-Sector PTPT Training During COVID-19

Fred Clark (Pre-Registration Pharmacy Technician) and **Michelle Power**, MPharmT (Lead Clinical Pharmacy Technician), St. George's University Hospitals NHS Foundation Trust.



Fred Clark is one of our first year Pre-Registration Trainee Pharmacy Technicians (PTPT) at St. George's Hospital, Tooting, he started the course in February 2020. He's one of five students in our first cohort for the new pharmacy technician qualification and our candidate on a new pilot scheme that sees the PTPT undertake their learning across hospital, community and primary care settings. Fred and I had both worked in community pharmacy prior to coming to St. George's and a few weeks after his course began, community was to be his first off-site rotation. Everything had been organised with a local independent chain, The Pearl Chemist Group. Fred and I had spoken about how things might be different for him as a future professional than it had been when he worked in the community sector as a non-registrant. While we had certainly heard of coronavirus – it had been in the news for a while at that point – in those early days it had not come up in our planning in any significant way.

By the time he was scheduled to rotate on April 6th 2020 everything had changed. Both St. George's and Barrons Chemist, the branch of the Pearl Chemist Group he was to go to, are situated in South West London and the area was one of the first parts of the country to see a surge in coronavirus patients. Our

local community pharmacies had been experiencing unprecedented demand and many of our hospital wards had been converted to care for COVID-19 patients. There was a lot of discussion as to whether the rotation should be delayed, whether it could be undertaken safely and how to support Fred while he was off-site. As his Educational Supervisor (ES), Fred and I have had a somewhat different start to our working relationship than I've had with previous PTPTs. For this article we spoke over the phone about his experiences over the last few weeks.

MP: What do you remember about the lead up to your community pharmacy rotation? Were you worried about going?

FC: I wasn't, really. Not too worried as I had worked in community before. That said we weren't sure that I was going to go, everyone knew the pressure the community pharmacies were under and it was still quite early on in the pandemic, everything was changing all of the time. We didn't know what was best because delaying the rotation might have meant moving it to a time when things were even more pressurised and the peak could still have become much higher. Helen (our education lead) had spoken with me about the possibility of bringing my stores rotation forward so I could stay on-site a while longer but at the same time she and Charlotte (our Clinical Operations Manager) were in contact with the Pearl Chemist Group to find out what was best for them. The week before I was due to go Charlotte brought me to Barrons Chemist, and we looked at the set up there and met everyone... socially distanced, of course! It's a big pharmacy and they'd already brought in a policy where all the staff were wearing facemasks and gloves so I felt more confident about it already... obviously I know that some pharmacies are much smaller and social distancing had been much harder elsewhere. As we were walking back to St. George's, Charlotte asked me if I was sure I felt comfortable to start the rotation as planned and I assured her that I was, I really didn't see any point in delaying it. The team at Barrons Chemist had been so welcoming and I could see they were doing everything to keep their staff and patients safe... I wasn't worried about going there.

MP: Did that change when you actually started your rotation?

FC: Not really... I settled in pretty quickly and I felt like part of the team right from the start. When I walked in that first day all the team were greeting me by name... even the ones that hadn't been in the



day I had visited! They had all the training materials and Standard Operating Procedures (SOPs) ready, so I was able to get started straight away... and like I say gloves and masks had already been distributed to staff. We were reminded every 30 minutes to make sure we'd cleaned our hands! I was able to hit the ground running, and after just a day or two I started to feel like I was making myself useful. In St. George's dispensary there's always been a Perspex screen in the outpatient area, however, community pharmacies are open to the public. There's always a little concern that patients or customers might not want, or be able to, comply with guidelines, that they may not be as mindful about following the rules as staff would be. There was one day that a patient came into the branch with COVID-19 like symptoms, which is against government guidelines. Hasnain, the manager at Barrons, managed the situation really well. He spoke to the patient and explained it was best they contact NHS 111 from home, and he arranged for a thorough clean of the pharmacy to make sure the contamination risk was eliminated. To be honest that was the day I think it sank in that we were really on the frontline. That as good as Barrons were being, we couldn't completely remove the risk because we can't control what other people do. When I went home that day it did occur to me that I had an alternative, that I could maybe go back to St. George's. But when I thought about it, I didn't want to do that, I felt that community was where I was needed, that this kind of situation was what I was training for in the first place. That was the only real wobble I had the whole time.

MP: Do you feel you didn't receive the training/support you might have had pre-pandemic?

FC: At the beginning, before I even started the rotation, there was concern all over the media about how much of the workforce would be affected by the virus. Everywhere was bracing to be low on staff if a lot of people got sick at the same time, and I think it was a concern that I might not get the time I'd need to get my training done. I think Barrons had considered that too, and I think maybe that I'd worked in community pharmacy before was reassuring for me and for them because I wasn't going to be starting from the beginning. I need not have worried because everyone was supportive from all sides. Originally Bradford College, who deliver the course, had spoken about us meeting with our tutors over this time period but obviously they had to make the decision quite quickly that our teachers would be

working from home. They did communicate that to us though, and they made sure we knew how things had changed but that they were still available to us at any point if we needed them. We're still getting our assignments set and everything, so there was no hold up there.

From the St. George's side contact has been regular too. Helen called me after my first few days off-site to check I was doing okay and to find out how everything was going, and I was kept in the loop about everything that was happening via email. In addition, you and I were checking in via text message regularly too, and while we cut our plans for most face to face onsite meetings, we were still able to keep up to date and informed. We just had to do things a bit differently than we thought we would!

I do feel lucky that it was Barrons I came to. The team have gone out of their way to make sure that I'm benefiting from being there, even if it's something as simple as giving me a copy of the drug tariff, or printing out materials that they think will help me. One of their pharmacy technicians, Imran, has just qualified so he's been giving me advice about the course. The healthcare staff (Arpita, Lehann and Isobel) have all made sure I understand the Over the Counter (OTC) side. There's no finger pointing if I make a mistake, instead it's treated as a development opportunity and I'm given the chance to reflect and get better. Anser, (a pharmacist), and Jian (pre-reg pharmacist) have been really good about going over all the drugs and their uses; they even give me spot quizzes!

Hasnain seems really determined to get the best out of everyone, and you can tell he has a lot of experience with education and training. He says he likes to make sure that people don't just 'do well, they excel' and he really means that. Honestly I really can't praise them enough. Before getting the placement on the pilot scheme I thought my community days were behind me, and I wasn't sure I'd learn much coming here but I'll have another rotation in community pharmacy in the second year and I'd be happy to come back here for it, they've really made me feel like part of the community pharmacy family.

MICHELLE POWER MPharmT

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& Associate APTUK

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Have you registered for the new APTUK website?

www.aptuk.org

Ensure you log on to the members area to take advantage of the new features

Patient Group Direction Poll



In June 2020, APTUK launched a campaign to lobby for the addition of pharmacy technicians to the list of healthcare professionals able to administer/supply medicines under a Patient Group Direction (PGDs).

The NPTGS Communications Group has commenced a series of polls on their Facebook group to gauge the opinion of pharmacy technicians in Scotland on this important and profession critical campaign.

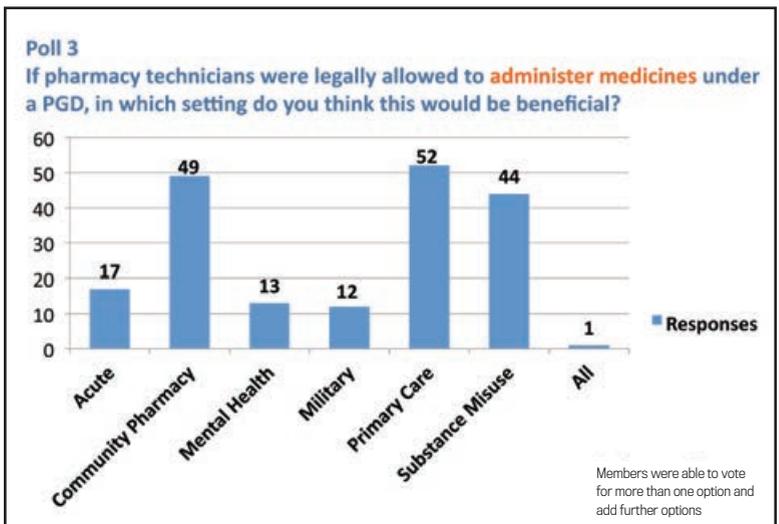
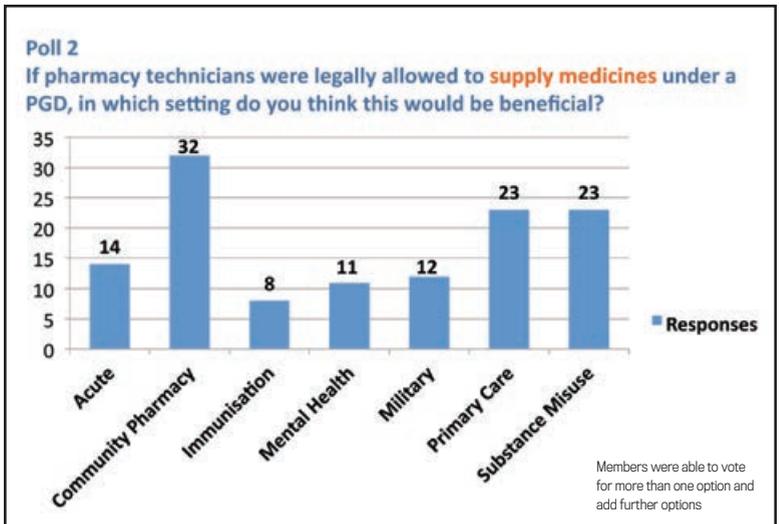
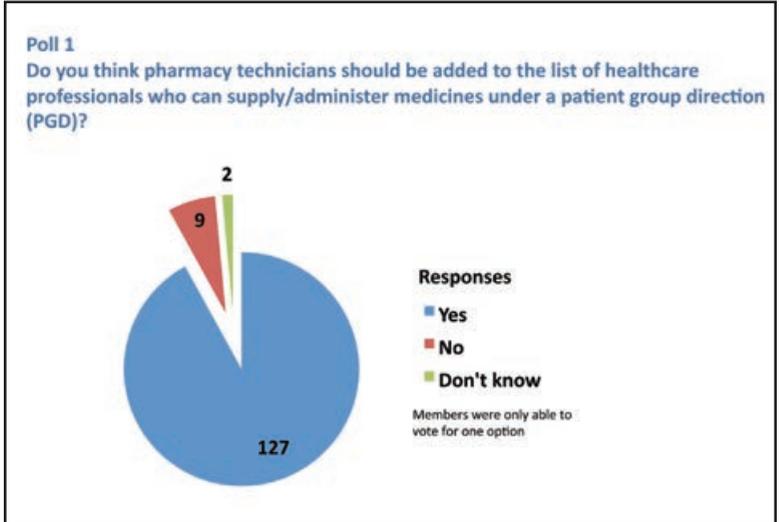
To date, the polls have attracted a 30% response rate and generated a mix of views:

'I used to train service users and their families how to use naloxone. I did everything but give out the supply, I had to go chasing for a nurse at the end of my sessions to sign off. The framework has changed now but it would have made a huge difference at the time. Being able to supply would be fantastic for specialist posts'
Kirsteen Donnachie, Pharmacy Technician.

'Vaccine Transformation Programme means we have to think outside the box and look differently at who/where vaccine can be administered. Pharmacy Technicians absolutely should be involved in this in all settings. Social/physical distancing will make mass vaccination even more challenging than before and therefore a different approach is required'
Moyra O'Shea, Pharmacy Technician.

'Pharmacy technicians are an undervalued profession. I believe we would be able to have PGDs and administer and supply medicines even prescribe in some circumstances. Hopeful for the future!'
Conor Doyle, Pre-registration Trainee Pharmacy Technician.

NPTGS
 admin.nptgs@nhs.net



Nightingale SW: Bristol

What you can achieve as a pharmacy technician if you don't mind a challenge!

Two pharmacy technicians working at North Bristol NHS Trust went to work on a chilly April morning, thinking about the day ahead, the demands of the organisation as Coronavirus started impacting on the Trust and the patients within, but little did they know...

Debbie Brenton, Associate Director of Pharmacy, and Jan Kenington, Chief Procurement Technician, have been working for the NHS for more than a combined sixty years, both qualifying as pharmacy technicians in the early 1990s. At this time their roles were very limited, focusing very much in either the Dispensary or Aseptic Services, supporting the preparation of prescriptions. However, as the years went by, both strived to show that pharmacy technicians have so much more to offer. This became both apparent and essential in leading the implementation of NHS Nightingale Hospital Bristol Pharmacy earlier this year.

NHS Nightingale Hospital Bristol is part of the national effort to respond to the coronavirus (COVID-19) health emergency. It is designed to provide the highest level of specialist care for critically ill coronavirus patients.

Run by North Bristol NHS Trust (NBT), it is one part of a network approach to the management of critical care services across Gloucestershire, Bristol, North Somerset, Bath, North East Somerset, Wiltshire, Somerset and South Gloucester. NHS Nightingale Hospital Bristol provides the region with an additional dedicated ventilator facility; to help manage any additional capacity needed for critically ill COVID-19 patients.

The model for set-up was based upon an emergency field Hospital. The major difference between a traditional hospital establishment and a field hospital is that the latter is more temporary and/or a portable facility, which is usually established near a battlefield or disaster area to support troops or disaster victims. However, now the NHS needed to react to a terrifying threat in COVID-19.

So, there it was, the need for a hospital

pharmacy to be ready within 3 weeks to support 300 Intensive Care unit (ICU) ventilated patients. Both Debbie and Jan immediately saw this as an exciting challenge and an opportunity to show the full skill set of a pharmacy technician!

First they had to be Project Managers with impeccable planning: managing the project deadlines, resolving issues and ensuring communication of the progress to stakeholders and other key decision-makers.

Next, they became experts in logistics, building and storage requirements, security, environmental issues and IT. The pharmacy was also going to be remote from the Nightingale Hospital, adding yet another level of complexity when designing the processes to be used.

As the Nightingale Hospital began to take shape, it quickly became very clear that Debbie and Jan had to think about working environments from a different perspective. How can pharmacy staff provide the required medicines for 300 patients whilst working inside a 'hot zone' in full Personal Protective Equipment (PPE)? What training and support would these staff need?

The complexities of staffing 7 days a week, 12 hours a day, from a pool of resources that were already under pressure became the next challenge to overcome. Albeit, overcome they did! Building a flexible and adaptable workforce, who were now also excited by the challenge. The team began to take shape with assistant technical officers (ATOs), student technicians, pharmacy technicians and pharmacists all working collaboratively as one team. All barriers removed and all with one goal: to deliver a pharmacy service for the most critically ill patients in a global crisis.

The last week saw the finishing touches; stocking the shelves with products, ensuring governance systems are in place, the IT infrastructure supports the processes and staff had been inducted and trained.

Suddenly the 'ask' had been achieved. What once stood as a university classroom

was now a fully operational pharmacy, with stores and distribution areas ready and furnished with a controlled drugs (CD) room and cold store. In the Nightingale Hospital itself were two fully stocked pharmacy preparation rooms, where pharmacy technicians and ATOs would be able to support their nursing colleagues. This ensured the right medicines were available for patients 24/7. This was further supported by an out of hour's on-call service, which was implemented with the support of 7 NHS Trusts within the region.

It was now the time to stand back and be proud of what had been achieved; to hope that your blood, sweat and tears of the last three weeks is never needed, whilst knowing that if it should be used in the future, then you have delivered the task at the highest level possible.

30 years ago, with a tablet triangle in hand, never did Debbie or Jan imagine that one day they would play such a fundamental part in the fight against a global pandemic. However, working at such a forward thinking organisation such as North Bristol NHS Trust, which recognises the value of all pharmacy technicians ensured they were the best leaders and inspiring managers that they could be, and ready for the next challenge.



DEB BRENTON

Associate Director of Pharmacy
(Supply Service)

JAN KENINGTON
MPharmT

Pharmacy Procurement and
Homecare Lead

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CONSIDER IT DONE



Association of Pharmacy Technicians UK

The Professional Leadership body for Pharmacy Technicians

Who are APTUK?

A guide for Pre-Registration
Trainee Pharmacy Technicians

Our 5 commitments to members:

1. Influence change for the advancement and safeguarding of the pharmacy technician profession
2. Represent the opinions of our members and respond to the professional needs of pharmacy technicians
3. Provide developmental support for the delivery of patient centred professionalism
4. Actively pursue the sharing of knowledge and experience through professional networking and collaborative working
5. Promote the pharmacy technician profession, foundation and advanced roles, within the pharmacy team, to shape its future development.

www.aptuk.org

Run by pharmacy technicians for
pharmacy technicians since 1952.

APTUK speaks on behalf of all pharmacy technicians at various stakeholder events covering all pharmacy sectors

PTPT Membership Benefits Include:

Quarterly professional journal "The Pharmacy Technician Journal" to keep you up to date with national and strategic issues impacting on the profession, articles to support your revalidation and the opportunity to submit your own article.

You will also have access to advice on educational issues via the Professional Development Team.

Opportunity to be awarded the 'Pre-registration Trainee Pharmacy Technician' of the year award.

Revalidation and self-development

Support for your future revalidation and CPD entries

Support to get you ready for your pharmacy technician registration

Exclusive access to the 'Learning Network' and supporting resources for APTUK members

Foundation Pharmacy Framework

Access to the Foundation Pharmacy Framework within the 'members only area' of the website to support your future career development and progression

Access to a Foundation Pharmacy Framework Champion

Networking

Opportunities to build networks of pharmacy technicians who are working in similar practice areas, as well as diverse practice areas, e.g. education and training, purchasing, MI, IT.





Become a member to get all the professional support you need throughout your career

Join APTUK by registering on our website www.aptuk.org

Professionalism

Exclusive access to the conference content/ presentations after the event within the 'members only' area of the website.

Opportunities to share your views on topical issues via the journal, online surveys and your local branch and bring to the attention of National Officers areas that APTUK should act upon.

Opportunities to contribute to the work of the APTUK committee and groups.

Discounts

Discounted rates to attend the APTUK annual professional conference and other pharmacy conferences and events.

Exclusive members discount for subscription to the Pharmaceutical Journal

APTUK: 'Leading Pharmacy Technicians to deliver professional excellence for patient centred care'



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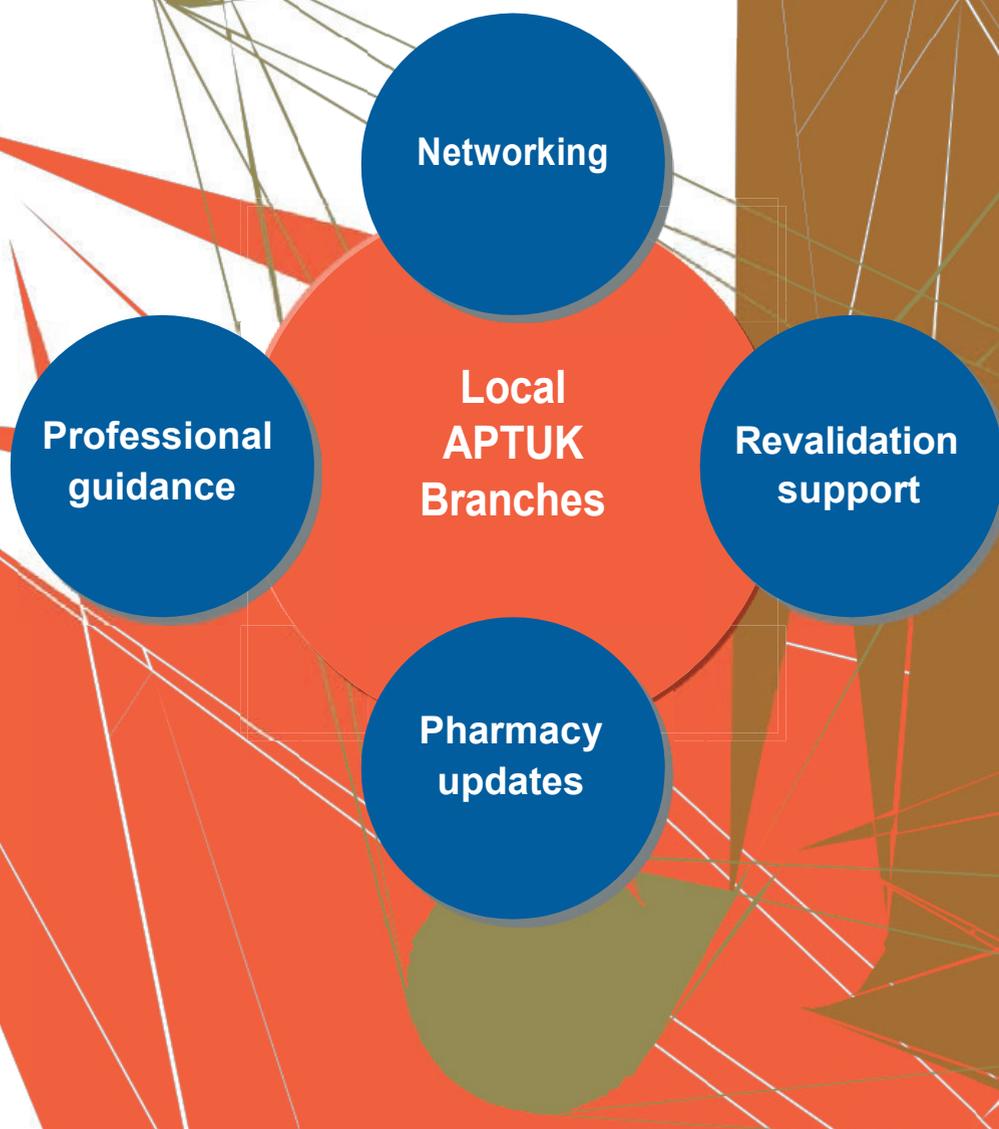


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APTUK

Free membership for Pre-registration Trainee Pharmacy Technicians



The **APTUK** local branches provide educational and networking sessions, allowing pharmacy technicians and pre-registration pharmacy technicians to meet, learn and stay up to date with developments within the profession and in pharmacy as a whole.

The number of branches is growing all the time, with most holding several meetings at year.

Current Branches

Aberdeen ★ Devon

Gloucestershire ★ Kent

London ★ South Yorkshire

Swindon ★ Warrington

West Midlands ★ Yorkshire and Humber

New Contract, Old Problems, Creative Solutions

Substantial investment by the NHS in the creation and delivery of effective Primary Care Networks (PCN) in England over the next 5 years sets the scene for pharmacy technicians to rise to the challenge of delivering the much needed and more effective, appropriate and safer use of medicines. The opportunity is to support and enable the most important and influential person involved in the use of medicines to take on an increased responsibility and to be helped to reduce the wide variation in outcomes from their treatments. That person is of course the patient themselves, who for most of the time is responsible for carrying out routine daily tasks to a strict timetable, to organise the supply of medicines and to ensure appropriate clinical reviews take place. The patient must make sense of different sources of information and advice, some from specialists, some from generalists and occasionally must escalate issues when the risks reach critical thresholds. In other words, the patient, along with carers and family support, is the medicines project manager. Some patients are good project managers, others struggle to carry out that role effectively.¹

For a PCN to be successful it must demonstrate that it has managed to improve health and wellbeing, reduced inequalities in outcomes of care and reduce the health-related harms to its registered population through more effective and more efficient collaborative working.

Working across different health and wellbeing organisations, encouraging sharing and collaboration, is the expertise patients have acquired over many years. It is what they must do to achieve good outcomes of care, and those who are most successful at this tend to achieve the better outcomes with their medicines used effectively and safely as intended.



A new approach to solving the problem emerged from working alongside patients with many different and varied experiences and led to the development of Me and My Medicines and the associated Medicines Communication Charter. <https://meandmymedicines.org.uk/the-charter/> This is a patient led approach to improving the patient and professional interactions that encourage collaboration and shared, person centred, decision making. The charter may be adopted in a variety of ways, by doctors introducing patients to the charter as preparation for the next consultation, by pharmacists to help set the purpose of a medicines review or by pharmacy technicians to encourage a more open and positive conversation about current medicines. By including the charter in whatever way best suits the situation it enables the patient and their clinicians to have more authentic conversations and be better supported to reach a mutually beneficial outcome from consultations. It encourages

the patient to be more open with clinicians who can then help to overcome worries, concerns, issues and barriers to the more appropriate and safer use of their medicines.

For some clinicians these more open patient need based discussions are easy and flow well, for others it is a significant challenge and appropriate additional support and development may be required in order to reach a level of skill that enables the best possible outcomes to be achieved, and the associated job satisfaction that results from that high achievement.

A common question I hear from pharmacy technicians is 'what questions would you recommend we ask patients.' Whilst open questions seeking to better understand what your patient is expecting to get from their treatment may well work there is an important step before that, the purpose of asking the question of the patient in the first place. Understanding more clearly what you need to know and why helps to make the conversation easier and more enjoyable, more interesting and more valued by everyone. In my experience this is the approach people who are relaxed and confident about more open conversations take to their questions and it is much easier to become genuinely and authentically interested in the whole person and their needs rather than just considering the diabetes treatment in isolation for example.

Questions you may consider asking yourself before you meet the patient include:

- What might this person know that I don't already know that would enable me to make a better-informed decision about changes to their medicines?
- What is the best way for me to encourage my patient to more openly share important and relevant information with me?
- Do I know enough about the person's goals and priorities to be able to advise them about how to use their medicines to achieve the most benefit and at the same time the least negative impact on them?
- What assumptions am I making about the actions this person will take once they leave the consultation and return home? How can I check my assumptions?

Knowing more clearly where you are going and what you are expecting to achieve makes it easier, less daunting and more enjoyable striving to get there. It may be that this preparation helps pharmacy technicians overcome barriers and create a more interesting and enjoyable person-centred conversation that enables a genuinely shared decision to be reached that ultimately achieves the best possible outcomes of care.

It would be lovely to hear your comments and ideas on Twitter @MeAndMyMeds

REFERENCES

- <https://blogs.bmj.com/bmj/2016/01/07/graham-prestwich-and-roland-valori-management-opportunity-job-title-patient/>



GRAHAM PRESTWICH
Patient and Public Involvement Lead
Yorkshire and Humber Academic
Health Science Network



Deeside Rainbow Hospital : North Wales

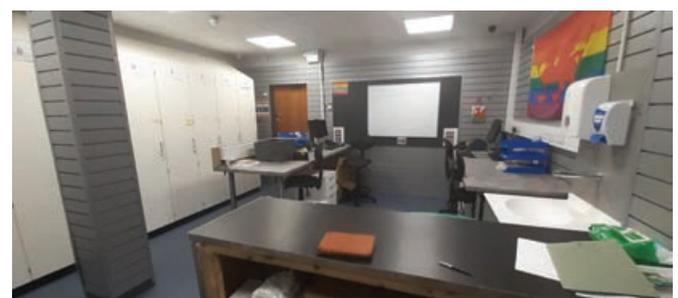
On Wednesday 08 April 2020, Sue Lord the Pharmacy Hospital Operations Manager at the Wrexham Maelor Hospital in the Betsi Cadwaladr University Health Board (BCUHB), volunteered to oversee the pharmacy service in a rapidly evolving concept to transform the Deeside Leisure Centre in Queensferry into a field hospital.

At the time the number of patients suffering from COVID-19 in North Wales was rising fast and it was estimated that those infected would soon become so many that the number of available beds in the general hospitals would be insufficient by several hundred. This despite the curtailment of routine treatment services offered by these hospitals to make additional space. The rate of infection was such that the insufficiency was likely to occur within a matter of a few weeks. The Health Board needed more beds and needed them fast.

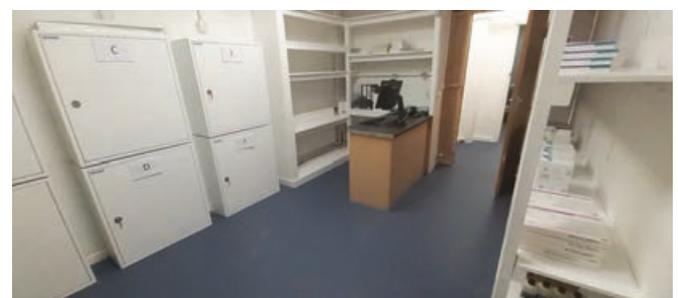
Contingency plans had been put in place and one option was to look at the Flintshire County Council owned Deeside Leisure Centre with its large sports hall, skate park and ice rink as structures which, with transformation, could become large wards to take the extra patients. These wards could provide around 400 beds. By the first week in April the plans were starting to take effect as the number of infections continued to rise, if not at the rates in London but still at a rate which caused

great concern. The Health Board's planning staff and estates department had been joined by architects, building contractors, project managers and many craftsmen of all types. Sue visited the Leisure Centre and came back to set about effecting the pharmacy department and its service.

She met with Dave Etchells a senior pharmacy technician working in the BCUHB Primary Care Team who had seen long service with the Royal Army Medical Corps deploying to field hospitals in Iraq, Oman and Bosnia. The team was joined by Brian Eadon, a retired pharmacist who had volunteered to return to help his old hospital during the pandemic. He too had



The Main Dispensary



The CD Room (leading to Main Dispensary)



The Special Handling Room (leading to CD Room)



The Fluid Store (Away from Main Department)



The team in the main dispensary during construction

served in the Royal Army Medical Corps and had worked in field hospitals as well. Dave and Brian had served together twice in their careers which in total comes to almost 50 years' service. The team visited the leisure centre site on Thursday 09 April 2020 (Maundy Thursday) for an initial look. They saw a leisure centre in which there were some interconnecting rooms which might be used for a pharmacy. Hasty plans were made over the Easter weekend on how the service could be set-up and how the rooms on offer might be configured.

A site meeting was arranged and held on Easter Monday. Wow, what a transformation had taken place. The site was now a recognisable hospital with, albeit skeletal, wards and departments. The on-site team had worked every hour since the Thursday meeting. It was a superb feat by these hard working dedicated people.

In the weeks that followed the site was improved and took on a very polished appearance. It was handed over to BCUHB by the construction team on Monday 27 April 2020 and accepted as a hospital with its official name of Deeside Rainbow Hospital – Ysbyty Enfys Glannau Dyfrdwy.

The pharmacy has been formed using three rooms: Main Dispensary, a Controlled Drug Room and a Special handling area where patients' own medicines which could be infected with Coronavirus from the wards, can be assembled in isolation from the rest of the department. In addition, we have been given the use of a squash court for a fluid store.

Since the beginning of May, the hospital has exercised its role using dummy patients to practise the admission and discharge procedures, carried out a night shift to see what issues might arise from using a newly laid out hospital at night, and held a number of courses for staff of all professions and levels who will work in it when it opens.

Because of the adherence to the lockdown and its associated restrictions, the infection level never reached the point at which the general hospitals became overwhelmed. The field hospital remains on standby in case it is needed. The pharmacy is at a readiness state at which it can become fully operational in a day.

Mission

The Mission of the Department is:

To provide appropriate pharmacy support to Deeside Rainbow Hospital in order to ensure patients receive the correct medication in line with:

- BCUHB COVID-19 Treatment Pathways
- Other clinical requirements

All done to ensure, and where possible, enhance patient safety, meet legal requirements and protect field hospital staff.

Our Motto: "We will make it work".

Staffing

The initial staff levels are:

- Two pharmacists.
- Two pharmacy technicians.
- One pharmacy assistant.

These will provide a 7 day service working in two shifts adjusted to work load.

A pool of nine people have volunteered for service enabling the working staff levels above to be achieved at any time.

Stock

A stock list has been derived from the issues of items to the COVID-19 wards and community hospital wards in the Wrexham Maelor Hospital over a period of a month. The quantities of individual stock items have been adjusted for 50 patients for a month.

The staff of the Pharmacy Deeside Rainbow Hospital have pledged to work tirelessly to contribute to the recovery of our patients. In doing so we honour the memory of a pharmacist colleague Pooja Sharma. She worked as a pharmacist at the Eastbourne District General Hospital and gave everything for the care of her patients. She was the first UK pharmacist to pass away as a result of infection by the Coronavirus. She is remembered in our work and our pharmacy department is named after her.



BRIAN EADON

Pharmacist



DAVE ETCHELLS

Senior Pharmacy Technician
Primary Care

Supporting Intensive Care Unit and COVID-19 Wards

I do not think that anybody would have predicted how the first half of 2020 would play out. Never in my whole 24 year career as a pharmacy technician have I experienced anything like the impact COVID-19 has had on NHS services. Ordinarily, I would be working in the chemotherapy satellite unit as Chief Pharmacy Technician and Aseptic Product Approver, but that all changed in March this year when I volunteered, alongside a group of seven pharmacists, to be dedicated solely to serve the COVID-19 wards including the Intensive Care Unit (ICU) at the Royal Derby Hospital.

I admit I felt nervous walking into the unknown. I do not work in medicines management and have not stepped onto a ward for many years! What would I see? What would my role ultimately be to help in such unprecedented times? All I knew as a professional person and ultimately a fellow human being, it was my duty to help in any way I could, no matter how big or small the task. After all, doctors, nurses and healthcare assistants did not have a choice to go onto wards or not, it was a given.

The first few weeks I hit the ground running and there was no time to worry about finding my feet! The hospital had an influx of COVID-19 patients. My main job was to ensure all the appropriate stocks were available. This was now variable to what a ward/ICU would normally use, especially with regards to end of life medications and ICU drugs as guidelines changed throughout. I can only praise our modern-day ward housekeepers who are so knowledgeable about stock and would help me navigate through unfamiliar territory.

Many new electronic systems had to be implemented quickly and without warning on to the COVID-19 wards, such as electronic ordering by ward staff, for named patient medications/stocks out of hours and prescription tracking systems. This meant having to engage already busy staff on wards and train them on how to use these systems. The majority were very receptive as they could see the benefit in saving time and making life easier. Within the pharmacy COVID-19 team we used Microsoft Teams from day one which proved invaluable.

Also, ward services streamlined a way to complete ward top-ups remotely without having to send staff onto COVID-19 wards. Some of these systems were implemented in week one! Could you ever imagine in the pre COVID-19 NHS world we knew, to start new systems within days or weeks? It would have been unheard of without months of preparation, training and red tape along the way!

One change that I will not forget is seeing patients in hospital without being able to have their loved ones present when they desperately needed their love and support the most. This has felt so strange throughout. When seeing patients on ICU I could only begin to imagine how confusing things must be for patients surrounded by medical staff fully 'donned' in personal protective equipment (PPE). As hard as I tried to smile through my FFP3 mask, or tried to transfer the smile to my eyes or give a little wave of acknowledgement to put the patient at ease, I could not help feel sad that this could possibly be the future face of care.

I cannot even begin to put into words the dedication, care and compassion I have witnessed from all NHS staff throughout my time in the COVID-19 team. It honestly has been nothing but incredible and humbling. As for being part of the pharmacy COVID-19 team, I do not regret it and this experience has opened my eyes to different ways of practice and just what can be achieved when the chips are down. I have had the privilege to work alongside some amazing pharmacists who started out as colleagues but because of our experiences during this pandemic, has made us friends for life.

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National Competency Framework For Primary Care Pharmacy Technicians Consultation

APTUK and PCPA have been leading on the development of a National Competency Framework for Primary Care Pharmacy Technicians with the support of Health Education England (HEE). This aligns with HEE and APTUK's work, analysing the roles of pharmacy technicians in the early stages of their careers.

This UK-wide framework will ensure pharmacy technicians have the knowledge and skills to undertake roles in primary care (care homes and GP practices).

Many of you will be aware of the changes to the Additional Roles Reimbursement Scheme (ARRS) which means Primary Care Networks (PCNs) will now be able to

recruit pharmacy technicians in addition to clinical pharmacists, so the need for this framework is timely and pivotal for the education of pharmacy technicians joining primary care.

The framework will provide a consistent approach to the quality, productivity, efficiency and learning outcomes of training and assessment programmes across the UK.

A task & finish group comprised of representatives from numerous stakeholders with expertise covering key areas; HEE, CPPE, RCGP and GP practices, NES, CCG, NES, Wales, Care Homes, Education, was set up to ensure that the

final framework is representative. Mary Carter the project lead is ensuring there is alignment with HEE/APTUK's 'Foundation Pharmacy Technician Role Analysis.'

The draft framework consultation was launched during June.

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APTUK representative and Project Lead
Salmia Khan MPharmT
PCPA Pharmacy Technician Group Committee Chair
Dalgeet Puar MPharmT
National Workstream Development Lead for Pharmacy Technicians, HEE

Using a Unique Production Model at Barts Health to Improve Medicines Use During The COVID-19 Pandemic

Introduction

The Coronavirus COVID-19 Pandemic has had a huge impact at the way NHS organisations work and how staff have had to adapt to the changes during this unprecedented time.

Many healthcare professionals were re-deployed and trained to perform new roles, including pharmacists and pharmacy technicians in secondary care.

Leadership bodies, i.e. Royal Pharmaceutical Society (RPS) and Association of Pharmacy Technicians UK (APTUK) along with the regulatory body General Pharmaceutical Council (GPhC) were quick to publish relevant guidelines and training packages which helped to train pharmacy professionals.

The Model

Nurses prepare injectable medicines by the patient's bedside under Regulation 3 of the Human Medicines Regulations 2012. The doses prepared are for named patients and manipulations are routinely minimum. However, both Licensed Specials Manufacturing Units and Aseptic Units working under Section 10 of the Medicines Act 1968 are able to prepare ready to administer injectable medicines, which enables the nursing workforce to spend more time doing their clinical duties. This is known as a Central Intravenous Additive Service (CIVAS).

Due to the demands on the nursing colleagues, skill mix on critical care wards, and unavailability of critical medicines in easy to use presentations, hospital pharmacy departments needed to support by making up extra doses.

At Barts Health, it was not possible to increase the capacity of Barts Health Pharmaceutical CIVAS, and the production unit also did not meet the criteria to comply with Section 10 requirements. A new model of working, Model 3.10, was therefore required to meet the requirements requested. After discussion

and agreement with Quality Assurance (QA) specialists, Model 3.10 was designed to mimic bedside preparation activities and allow pharmacy (and equivalent) professionals to prepare small batches of pre-filled syringes in advance. The medicines are prepared, checked and managed in a cleaner, controlled area of pharmacy and released appropriately under guidelines to the various clinical areas.

The model would only be used during the COVID-19 pandemic and the prepared syringes have an expiry date of 24-hours or less with a requirement to be stored in a refrigerator.

How Model 3.10 was implemented at Barts Health NHS Trust

A project lead coordinated the project. This included:

- Sourcing to fill the syringes. This was to ensure that the normal licensed workload and capacity was not compromised.
- Coordinating the orders for the number of syringes of each drug that were required daily by our four hospitals across East London. Daily ordering processes, via the clinical pharmacists looking after critical care patients, alongside additional checks, which were put in place to avoid wastage due to the 24-hour expiry.
- Sourcing sufficient supplies of the ampoules and vials during this period of national shortages.
- A full risk assessment.
- Carrying out end-to-end trial runs of the process and resolving any snags before full production commenced.

The volunteers were medical students (third and fourth year), pre-registration pharmacists, pharmacy technicians and pharmacists. All had little or no prior experience in aseptic production or cleanroom behaviours therefore appropriate training had to be organised and delivered.

A training pack provided by Lancashire Hospital NHS Trust and ratified by APTUK was used to provide training. The production team at St. Barts and Royal London Hospital provided the expert practical training in Good Manufacturing Practice (GMP) and aseptic techniques. Observations were carried out by the experts before signing off each volunteer as competent. Additional training provided was hand washing and gowning to enter a clean room area. All training provided was documented and retained for audit purposes.

Designated areas, Grade D classified, which is used to perform less critical manufacturing processes were reserved to make the injectable medicines. At the time, the two critical drugs required were Atracurium (made at Royal London Hospital site) and Midazolam (made at St. Bartholomew Hospital). Worksheets and labels for these products were also prepared, in





adaptions made. Other areas within the pharmacy department i.e. dispensary, stores and clinical services also had to adapt their rota to allow the Model 3.10 volunteers to help with the preparation. A pharmacist checked the finished products.

Summary

A dedicated team at Barts Health NHS Trust, including the training team, production expertise, management and quality assurance came together to ensure a new model of extemporaneous production of ready to use critical care drugs was seamless, low-risk and timely. The support from the pre-registration pharmacists and medical students meant that there was capacity to cope with the demand and ensured the daily workload of the licensed production unit was not affected.

REFERENCES:

A proposed model to support the safe provision of Ready-to-Administer injectable medicines during the COVID-19 Pandemic;
 Onatade R et al
 Medicines.org.uk

ACKNOWLEDGEMENTS

Raliat Onatade: Group Chief Pharmacist and Clinical Director for Medicines Optimisation, Barts Health NHS Trust
Aamer Safdar: Lead Pharmacist, Education Training and Workforce Development, Barts Health NHS Trust
Richard Skidmore: Head of Quality, Barts Health Pharmaceuticals.

accordance with GMP. Atracurium is used in critical care and is a neuromuscular blocking agent which helps with ventilation of patients. Midazolam as an intravenous form is a drug of choice for sedating patients during ventilation.

The table below shows the number of syringes prepared, and ampoules used.

Drug	No. of syringes prepared
Atracurium	179 syringes (2148 ampoules drawn up)
Midazolam	350 syringes (1750 ampoules drawn up)

A rota for the staff was created to ensure a clear working pattern and allow for adequate breaks.

A section supervisor (NHS pay scale band 5) was made available during every session to ensure the process of making the syringes was followed and the volunteers were always supervised. In order to do this, a member of production staff was taken off the normal unit production rota and appropriate



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Lost & Hope to Find

We have sadly lost contact with a few of our members as they have changed address but continued to pay the fee to APTUK.

If you know any of the people (listed right), please ask them to contact our membership coordinator, Lynn Ali via membership@aptuk.org

TITLE	FORENAME	SURNAME
Mrs	Carole	Tilbrook
Mrs	Julie	Thomas
Mrs	Julie	Wade
Mrs	Joanne	Martin
Mr	Henry	Mumba
Mrs	Lynne	Croft (Patrick ?)
Miss	Katherine	Hawkes
Ms	Gladys	Brown
Mrs	Pauline	Walker
	Nicola	Ritchings

Nightingale London: A Pharmacy Technician's Journey

My beginning

My current employer, The London Clinic had decided to send a group of volunteers to support NHS Nightingale as a part of London's response to COVID-19 pandemic. As I had been interested and enthusiastic with the new Nightingale critical care hospital, I then applied to be a part of this fantastic team. Two of us from my pharmacy technician team wanted to participate, however management decided to only send my other colleague as our team cannot afford to have two pharmacy technicians being off at the same time, although my wonderful colleague kindly offered me her opportunity and they remained to continue usual service. Our pharmacy volunteering team consisted of 1 pharmacy technician and 3 clinical pharmacists. I officially commenced my secondment at Nightingale London on 7th of April and serviced until it was formally hibernated in 8th of May, and soon after I joined back with my team safely.

Experiences

When I first called for the induction and training programme, I was really excited and was truly amazed to see hundreds of volunteers to meet and get to know how they were willing to help. Many of them were from multi-disciplinary backgrounds, not only from Healthcare but also from Education, Financial, Public services, Communication, Religious, Creative, Technology and more... all were desperately wanting to contribute their abilities.

The training and induction programme was conducted by a variety of volunteering establishments and done by wonderful human beings! Soon after I was called to begin my first shift and rostered to do night shifts, as the Nightingale pharmacy was setup to provide 24/7 service during this period. I truly felt as I was offered a "New Job" the anticipation was beyond words! Colleagues of mine at my current work place were really supportive, I am extremely lucky to have an optimistic and encouraging team, everyone said "go for it".

The most extraordinary and spectacular thing I've ever seen in my life is the Nightingale London full of those beautiful faces surrounded by compassion and enthusiasm. I have not seen anyone unhappy, unsatisfied, having arguments with their colleagues, complaining, tired or lethargic, I witnessed everyone naturally stirred and hopeful.

I saw some medical students cleaning the surfaces, PhD students portering, university lecturers serving food in the canteen, IT professionals doing night security duties etc... Even



though not as many COVID-19 affected patients were admitted as expected, everyone came along for the unprecedented battle and that dedication was simply incredible regardless of the number of patients who have been treated at Nightingale London.

As a pharmacy technician I was committed to do 48 hours a week night shifts and I happily continued for 4-5 weeks of my part of the job.

✓ Nightingale Pharmacy

Our vision at Nightingale London was to provide a pharmacy service that ensures all patients receive the right medication, safely and on time. The pharmacy was setup to function in three different manners;

- Clinical pharmacy service: responsible for working on the wards to deliver safe and effective pharmaceutical support to all patients and clinical colleagues.
- Pharmacy procurement, stores, distribution and dispensary: responsible for the supply of all medicines in the Nightingale London Hospital.
- Medicines preparation: responsible for the preparation of pre-filled syringes that will be administered to patients on the wards by nursing staff.

Nightingale London pharmacy was mainly supported by the pharmacy departments of its sister Barts Health hospitals – Newham University Hospital, Royal London Hospital, St Barts Hospital and Whipps Cross University Hospital. The group I worked with was absolutely wonderful and supportive.

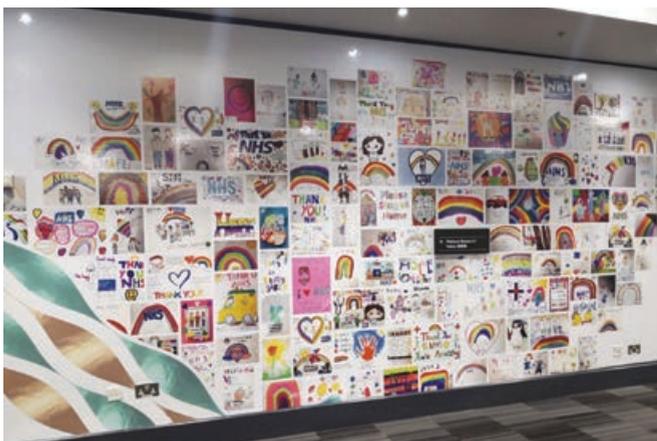
All of us were part of a multidisciplinary team that made Nightingale London pharmacy function smoothly. There were challenges of working in a new department and new hospital; however the presence of everyone made a real difference in this time of national need.

✓ My Role as a Night Pharmacy Technician

Since I did not get an opportunity to work on the shop floor, I mainly played a procurement/stores/distribution combined pharmacy technician role and was responsible for supply of all medicine requirements, all activities were undertaken in non-patient areas.

Primarily I would receive a written handover from the previous pharmacy technician about any key issues, then I would deal with queries effectively such as:

- shortage or unavailable stock supplies,
- liaise with ICU nurses,
- contact relevant trust's on call pharmacist to borrow stock,
- arrange couriers to pickup and deliver promptly,
- answering phone calls,



- liaise with on call and critical care pharmacist,
- prepare and supply medicines for ward stock requests including controlled drugs (CDs).

Most medicines were supplied as routine top-up “stock” supplies, with the ability to supply individually labelled medicines for specific patients if required, this included controlled drugs.

Duties included:

- unpacking and checking orders of medication deliveries into pharmacy,
- ensuring appropriate storage of medicines in designated areas,
- supplying medication against requests,
- packing medication orders ready for delivery by porter to the ward or production units, stock checks and expiry date checks,
- checking locations and stock quantities,
- dispensing / checking / management of controlled drugs,
- re-ordering medicines,
- general stock management.

I have always been dispensary based, barely had any experience in stores or distribution in my career so it was an outstanding experience to achieve.

Challenges & Learning

Challenges and lessons learnt understandably vary depending on the operational level, involvement and nature of the role you played at Nightingale London.

For me, it has been both a challenge and acceptance working with a new team in a newly built field hospital, having very short overlap during two shifts, we were barely able to exchange and share our experiences with each other. The operation in general was basic and manual, everything was done verbally and with very brief shadowing. However, the team proactively supported each other to overcome these barriers as much as possible. An improved functional system would have been implemented over the period of time if we were to continue the service for some time.

Due to the extensive capacity they anticipated, everything was done by large scale infrastructure and many resources did not need to be utilised including manpower, time, skills and finances. However, the establishment of NHS Nightingale Hospital London in two weeks including training of a huge number of volunteers to provide high-quality patient care in this extraordinary time still remains a landmark achievement.

Adapting to new shift patterns, specially 40/50 hours per week, with consecutive night shift during my 4/5 weeks was my hardest challenge I have ever had in my professional life. I am very grateful about myself for having such courage to handle the experience. Next was spending almost 4 hours commuting which was extremely difficult and time consuming, even though Nightingale London offered close by hotel accommodation, I decided to travel home as I was comfortable and able to relax well.

Further, balancing my personal life and career was difficult too, I hardly saw and spoke to my family during that period, it was an extraordinary time and I appreciate everyone's understanding and co-operation.

Most importantly I missed my usual work place and co-workers as I did not have a chance to go to my hospital or meet my friends during my secondment at Nightingale London this was another difficult part to tackle.

Reflection & Recognition

Volunteering at Nightingale London is my most precious piece of hard work and sacrifice I have done in my career and I am extremely proud of myself that I was able to demonstrate my compassion as a pharmacy technician.

I would like to thank everyone who supported me specially my hospital, The London Clinic and management team, for the



cooperation throughout and giving me such a great opportunity to represent not only the pharmacy team but also the Clinic during this difficult time. Also, a very big thank you to my wonderful pharmacy colleagues for covering my shifts and managing all my work during the 4/5 weeks of my absence.

As the best part of my recognition, I would like to share this feedback message below we received from Director of Pharmacy, Nightingale Hospital.

"I am writing to thank you for releasing Jennifer, Geethika, Petra and Yohan to help support the pharmacy department at the Nightingale Hospital. As you know, the Nightingale Hospital has been placed on standby, ready to resume operations as and when needed in the weeks and, potentially, months to come. However, I wanted to write to acknowledge the contribution that all made to the successful set up and running of the Nightingale Hospital Pharmacy. They all helped us deliver a 24 hour – 7 day pharmacy

service that has been hugely appreciated by all of the staff in the Nightingale and most importantly, helped deliver great patient care.

For many of us, this has been a highlight in our careers to be involved in the Nightingale and one that we will always remember with pride and Jennifer, Geethika, Petra and Yohan made a significant contribution to the success of this. They were a credit to The London Clinic and I wanted to thank you for releasing them.

Thank you once again for your support.”

It has been a privilege to work with Nightingale London Pharmacy and I am very glad to hear about our contribution and feel great sense of pride. And this recognition is for all of us as a team! My name wouldn't have been mentioned at Nightingale without my fantastic hard working pharmacy team.

Glory of Pharmacy Technicians

Pharmacy Technician profession is often silent about its achievements, even though we play a vital role behind the scene in multidisciplinary healthcare setups. So many of us have proved that we are empowered to be true champions.

There are many opportunities that enable us to step up and showcase the great attributes of this fantastic profession and to demonstrate our commitment to patient care and shine a spotlight on the valuable contribution pharmacy technicians make in exceptional times.



The career of a pharmacy technician has so much to offer and is an invaluable experience that will certainly demonstrate the diversity and reward for those wonderful individuals to be a part of our team!



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Nightingale: Louisa Jordan, Scotland

My experience of working in the Louisa Jordan Hospital puts new meaning in to the phrase “we are all in this together” we truly were in this together working to a common goal of delivering an operational hospital with a very short deadline to meet. We worked together in an agile and responsive manner. This project transcended the normal hierarchy we all work with across both clinical and non-clinical teams.



In March my day job was working as a Prescribing Support Technician in Primary Care supporting GP surgeries and Care Homes. I have been a pharmacy technician for over 30 years. Previously I worked in hospital pharmacy in NHS Greater Glasgow & Clyde (GG&C) and Faslane Naval Base before moving to Primary Care.

I like being a pharmacy technician as it's really varied and interesting. I've been lucky in that I've had the opportunity to be involved in many different projects while working with NHS GG&C including a secondment in human resources.

I was fortunate to have quite unique experiences in NHS Scotland's response to the COVID-19 pandemic.

Community Assessment Centre

Firstly, I had the opportunity to help set up the medicines supply to a COVID-19 Assessment Centre (CAC) in Renfrewshire Health and Social Care Partnership (HSCP). This involved working with agreed processes and arranging the supply of the medicines from community pharmacy. Additionally this included ensuring the products were labelled appropriately. This was one of a number of GP Surgeries across NHS GG&C set up specifically to assess patients suffering from COVID-19 symptoms so they could be triaged. The patients were either treated by the staff in the CAC and sent home or admitted to hospital.

Louisa Jordan Hospital; concept to completion

The second opportunity I was involved in was helping set up the Pharmacy Department in the Louisa Jordan Hospital in the Scottish Exhibition and Conference Centre (SECC). This has been one of the most rewarding and challenging experiences of my working career.

In the Louisa Jordan we had a core pharmacy team based on site with many other pharmacy colleagues supporting us off site.

We had never worked together in the past. We could not work in isolation and quickly built strong working relationships with many other teams to achieve the completion of the hospital in such a short timescale. On the first day I started we had 17 days before the hospital was to become operational. On that first day I was thinking this can't really be happening this is just a concept. Day 2 my thoughts were this is really going to happen. This project was constantly evolving, every hour things were moving and changing.

Building a pharmacy

We started off with a large space in a conference hall and built a pharmacy dept from there. This included deciding all the equipment we would require so that we could be operational in less than 3 weeks. We had to be mindful that it was temporary but still had to make it secure. At first we didn't have walls all the way up to the roof of the SECC so we had to negotiate with the architect to ensure that we met the legal requirements of operating a pharmacy. Including making sure that the attractive and desirable drugs were safe and storage was secured to the wall, so we had to be creative in how we did it.

Procurement to Receipt

My role specifically involved working with pharmacist colleagues to decide which medication we should keep for the clinical model of service we were to deliver in the Louisa Jordan. Additionally we worked closely with the other clinical teams to ensure we had the medicines they required to deliver their services. This included agreeing what was to be held in each ward area always recognising the limited space but the potential numbers these areas were to support.

Leading on from identifying which medicines we should keep I was responsible for setting up the purchasing and receiving of the medicines. I couldn't have done this without support and guidance from colleagues in health boards from across Scotland. Initially these started as non-electronic processes until decisions were made in the background as to which health board we would be aligned to. Thereafter my colleague and I had the very difficult task of marrying up this non electronic process to the electronic one.

Medical Gases

I cannot talk about my experience in the Louisa Jordan without mentioning medical gases. This has been a very steep learning curve for me which deserves a mention of its own. From deciding how many cylinders, which type and how they should be stored to the ongoing meetings I am still involved with.

I also had a very limited input into the modelling of the pharmacy service we would deliver day to day because the management of the medicines were so labour intensive.

Staffing and Volunteers

There's been a lot of planning around ensuring that the staff who have volunteered to work with us at the Louisa Jordan are prepared. After their induction we ensure they're comfortable that they know what they're doing and then they go back to their substantive NHS roles. They're on standby to come back when they are needed.

Risk Management

We didn't know if the Louisa Jordan Hospital would ever be used and people have asked me how I felt about that. My view has always been that I hoped that we would never have to use it because that means NHS Scotland did not become overwhelmed treating people who contracted COVID-19. I would have been concerned if we didn't have this facility and I am happy we have additional capacity depending what happens with the virus in the coming months.

At the time, when all of our lives and worlds had changed overnight, I did consider the risk in working in the Louisa Jordan. The messages from the government were about essential travel, social distancing, work from home if you can and I was in the SECC with many other people. I'm a mum, I've got a husband and three kids additionally my mum went into isolation a week before everyone else. I did consider there was a possibility I could take the virus back to my family if I get infected at work, but I limited my chances of getting it by following the government advice as did the other staff groups around me.

Lessons Learnt

Personally, I have learned a lot about myself, and some I already knew. I am flexible, I can cope with uncertainty, I can learn quickly and I am not scared about making decisions. I also really enjoyed working with the wider teams and getting to know them, which anyone who knows me knows I am really interested in people. I have learned a lot from the Louisa Jordan team which I can already recognise in how I work day to day. We have lived through a very unique situation together and I feel I have known them years instead of weeks!

The whole experience was amazing. The 'can do' attitude of everyone involved in delivering an operational hospital in a really short timescale was refreshing. The way clinical and non-clinical teams made it happen was a template for a new way of working. Throughout the process I can't think of any time that there was a barrier, that collectively across all the professions, we didn't work together to overcome. For example, the pharmacy shelving, we were initially told a lag time of weeks, but a supplier was found that could supply and fit it within days.

To achieve our goal we had to work long hours under an intensive amount of pressure where we had to constantly make decisions. We supported each other throughout by being aware of how we were coping emotionally, reaching out for support when we needed it or supporting each other. When the pressure reached its peaks we used humour to get us through. We had and still have a strong team.

I don't think the NHS will be the same again. I think we are already in a different place. You can see that in the way you interact with people and you're more conscious of what's important I think sometimes we need reminded we really are in this together!!



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'An Interview With...Meet the Member'



Name:
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Current Role:
• Transformation Project
Manager - Pharmacy and
Medicines Optimisation

Cambridge University Hospital
NHS Foundation Trust

Highest qualification related to your role:

Certificate in Medicines Management for Pharmacy Technicians
Accuracy Checking Pharmacy Technician (ACT)

Steps you took to get to where you are now:

My first pharmacy job was a 6-month contract to cover maternity leave as an assistant in a busy community pharmacy. I had never worked in pharmacy before and decided to give it a try as it was only for 6 months. I loved it and due to staff leaving I was taken on full time and supported through pharmacy technician training.

In 2006 I moved to Cambridgeshire and I spent a year working in community pharmacy before applying for a vacancy as a medicines management pharmacy technician at Papworth Hospital. The change from community to hospital pharmacy was daunting but I loved the challenge. I completed my ACT and Certificate in Medicines Management for Pharmacy Technicians during my time at Papworth and worked my way up to a senior pharmacy technician.

My move to Addenbrookes happened in 2011. I successfully applied for a senior pharmacy technician medicines management role. This was like my previous role but at a much bigger hospital and with a wider range of specialities. In 2016 I successfully interviewed for a new role of pharmacy technician in the emergency department (ED). I was so proud of this and looked forward to this challenging role. But unfortunately, I became very ill and after a slow recovery I started to explore the idea of doing something different.

In 2018 a role was created as a Supply Chain Innovation pharmacy technician at Addenbrookes. I looked at it and decided it was not for me as I was a clinical pharmacy technician. This new role was supporting the installation of electronic storage systems and transformation projects including the roll out of falsified medicines directive (FMD).

However, after a few conversations and an inspiring visit to the APTUK conference in 2018 – I decided to apply and was successful. A few months into the role my line manager told me her 'happy news' and her role was put out as a secondment for 12 months. Being relatively new to the role I was not sure if I was ready to apply, after discussion with my new line manager I decided to apply and was successful. So here I am currently on secondment as Transformation Project Manager – Pharmacy and Medicines Optimisation.

There are two main parts to the role. The transformation side is varied but always looks at how we can improve the service on the wards and patient experience. This could be something simple such as new cupboards needed for medicines storage or

looking at alternatives to drug trolleys. At the other end we have the roll out of FMD, installation of electronic keys and locks on the wards and the implementation of digital storage systems and robots. All these projects need to be scoped, quoted, installed and of course staff trained in how to use them.

The other side to the role is leading the Cost Improvement Program (CIP) for pharmacy. The challenge for the trust to save money year after year gets harder. My role is to liaise with lead pharmacists, heads of division, transformation team and other trusts to think of ways how we can change practices and save money. And all these savings need to be reported each month. This time of year, is our busiest time as we are looking forward to next year's program, visiting divisional meetings to see if any ideas come to light.

What is the most challenging part of your current role?

Understanding a whole new side to pharmacy I had not experienced before; looking at CIP, workbooks, tenders, writing papers for projects.

Also, the accounts side of CIP. Understanding what we can report and the methodology we use must be agreed at a higher level.

What surprised you the most moving from a traditional pharmacy technician role?

Juggling workloads and managing deadlines. I can prioritise my workload on the wards: TTOs, new patients, urgent drug orders, etc. But in this role, I could have work planned for the morning only to come in to find out I am needed to sort an issue that has arisen overnight. So, it's about being flexible and multi-tasking and keeping a close eye on several projects at the same time.

If you had the chance to do it all over again, what would you change?

I would not change anything as I believe everything happens for a reason.

What do you enjoy most about working across boundaries & MDTs?

The interesting people that I have met since starting this role. I meet with representatives from medicines storage companies and digital storage systems. I can use their knowledge and experience to look at how that will work for us. But even within the pharmacy team I now work with colleagues in central pharmacy that I did not when I was ward based. It was important to get them on board with the FMD project as they would be using the system.

What's the best piece of advice you have ever received?

Diversify in your career. Try something new and out of your comfort zone.

What would you be doing if you weren't a pharmacy technician?

I always wanted to do something medical when I was at school, but pharmacy did not appeal to me till later. I now cannot think of anything I would rather be than a pharmacy technician.

What do you think is the biggest issue currently facing pharmacy technicians?

The role has changed so much but still some see us in a limited role. We are capable of so much more than we currently do and

need to push our roles forward. This meet the member article is an excellent opportunity for us to share what is out there and what can be achieved.

Has anyone influenced your career decisions if so, why?

The Q&A session on careers at the APTUK conference in Glasgow in 2018. This led me to believe I could change my career path within pharmacy. Also gave me the inspiration to apply for a new role and I am so pleased I did.

What has been the highlight of your career, so far?

My current role is my biggest achievement. But I am proud of the steps I have taken to get here. I am so proud of being an ACT and encourage all junior pharmacy technicians to complete the course.

When people look at you, what do you think they see?

Someone approachable who will listen when they have a problem. I hope they see how proud I am to be a pharmacy technician and if you take a slightly different route it's amazing where you can end up!

What can you not get right, no matter how many times you try?

Walking into meetings and suffering from imposter syndrome.

After a peer discussion with my line manager I feel more confident, but it still creeps in a little.

Where do you usually go when you have time off?

Travelling to see family and friends. Music gigs and theatre trips are a must. But spending time with my grandson gives my brain a chance to switch off!

Who do you go to for advice or to bounce ideas off?

Anyone who will listen!

I am lucky to be in touch with two previous line managers who have both done the role and understand my questions. Our personal assistant support is right behind me and helps me with the reporting each month.

What's next?

I will be in this role until July then I will be returning to my Supply Chain and Innovation post. When my line manager returns, we can move forward with more projects and I know I will learn more from her.

I keep my clinical skills up to date with ACT slots and dispensary cover on late night shifts. Weekend working for me is clinically based and patient facing. So, I get to keep the many hats I have picked up along the way on my career path.



The GPhC are planning to open online applications to register as a pharmacy technician through the myGPhC system next Tuesday 21st January. This will replace the current paper form, which will no longer be available after the online application is live. The GPhC will accept paper applications they receive until 21st February.

While the information that trainees will need to provide will not change, the GPhC hopes that the online application will be easier and clearer, and that the GPhC will be able to process the majority of applications more quickly.

What this means to you:

For students:

From 21 January, if you are applying to register as a pharmacy technician with the GPhC, you will need to create an account on the myGPhC system and submit your application online. The information you need to provide in your application will not change.

If your application is successful, you can then use your account to complete your revalidation, and to renew your registration. Visit the GPhC website find out more.

The current paper form will no longer be available after the online application is live. We will accept paper applications we receive until 21 February.

For supervisors:

From Tuesday 21 January, trainees will need to apply to register as a pharmacy technician by creating an account on the myGPhC system and submitting their application online. The information they need to provide in their application will not change.

The current paper form will no longer be available after the online application is live. We will accept paper applications we receive until 21 February.

If you are supervising trainees, you may receive requests from trainees to countersign their application through your myGPhC account. Please look out for notifications from myGPhC in your email inbox.

Pharmacy Procurement During COVID-19, a SW experience

Simply, pharmacy procurement is about getting the right amount of the right medicine, of the right quality, at the right time, to the right patient – and all at the best possible price for the NHS.

COVID-19 has made this task a challenge that I'm sure many procurement managers & pharmacy technicians hope they will never experience again in their working career.

From the very onset of the COVID-19 pandemic we experienced an influx of drug shortages especially those used in critical care. The focus was placed on allocating stock to Trusts within the South West to avoid hoarding and 'panic buying'. The introduction of unlicensed lines, rationing, new supplier cut-off times and changes to delivery schedules were a clear indication that the procurement working day was drastically changing.

In addition to the above, communication with our suppliers was hindered as a huge portion of the working population were either placed on furlough, working from home or classed as vulnerable and self-isolating.

Constant hand washing, wearing masks & gloves, sanitising ward bags, boxes and every surface in sight became the norm. Even sectioning the hospital into risk zones became part of our normal working day as we all adapted and embraced the changes.

In this now very unpredictable world, we set ourselves a task to try and predict which non-robot lines may be needed in an emergency, and so made changes to the stock stored in our out-of-hours stock room.

The introduction of staff testing saw large queues around

our hospital not just for 1 test but 2 or 3 swab tests and then an antibodies test. Waiting for results did prove stressful but we all took it on the chin because that's what we do in our profession.

A rise of COVID-19 positive patients and positive staff results forced our hospital to close its A&E doors to the public and cease admitting new patients. Remarkably, our pharmacy staff all tested negative – we must have been doing something right! Weston General were on the news, not particularly for all the right reasons but we survived the media and their cameras.

As the hospital slowly gets back to some level of normality with wards and A&E reopening, theatres preparing to treat patients, life in procurement will change again as stock requests increase and ward top-ups are reinstated. Orders will automatically kick in and regular deliveries from our suppliers will resume.

Personally, what have I learnt throughout this process? I have a better understanding and appreciation of the roles of others, in particular pharmacists who are required to make quick decisions about alternative medications and the use of unlicensed products and for those members of staff not particularly hospital based but making decisions for the whole of the country. Also, the importance of teamwork to ensure that every patient gets the medication they need while we all stay safe.



DAWN BOWLES
Pharmacy Technician
Weston General Hospital

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We are currently offering a financial package to Students in their 2nd yr of training in the form of a £3.7K (taxable) bursary that decide to join the RAF Medical Reserves. We are also recruiting fully qualified Pharmacy Technicians who are registered with the General Pharmaceutical Council (GPhC). This is an opportunity to apply and develop your skills in an environment of unique personal and professional challenge.

Your commitment can be as little as 27 days per year, for which you'll receive pay and an annual tax-free lump sum (currently over £1700 after five years service). You can join up to age 50 (or 56 with previous military service).

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A Tribute to Mandy and Jermaine

Remembering Mandy and Jermaine who have died from COVID-19 after risking their lives working on the frontline during this pandemic.



Mandy Siddorn worked as an accuracy checking technician at Swettenham Chemists in the north west of England before she died of COVID-19 aged 61. Pharmacy manager Ben Jones says she had been signed off sick from the branches in Merseyside and Chester where she worked, before her condition took a turn for the worse and she was admitted to hospital. She died in early April.

Staff at the six branches of Swettenhams paid tribute to Mandy in their own way. Some held a minute's silence, while another released helium balloons. The whole company donned ribbons in pale blue a colour she loved on their uniforms 'as a gesture'.

In the branch where Mandy worked, on the day of the funeral staff sat at lunchtime and chatted about Mandy. Mr Jones added 'that it does bring it home when you know someone personally who has died compared to when you see everything on the news. Staff were enormously sad when she died, but because we were in the middle of the pandemic we had to carry on.'

Mandy was a valued member of staff and was someone who would bring life and humour into everything. She was a hard-working professional, but she also had so much personality.

Mandy's death brings home how dangerous COVID-19 can be despite valiant efforts from the sector to keep pharmacy staff safe.

Mandy is survived by her family, which includes her mother, daughter, son-in-law, sister-in-law and granddaughter.



Tributes have been paid to **Jermaine Wright** a Hammersmith Hospital pharmacy technician who died after contracting coronavirus. Jermaine died at the Royal Brompton Hospital Chelsea on 27th April 2020 shortly after his 46th birthday.

An emotive tribute was paid by staff at Imperial College Healthcare NHS Trust which runs Hammersmith Hospital.

Chief Pharmacist Ann Mounsey said 'Jermaine was an inpatient at the Royal Brompton when he died, and we know that the team there share our grief.'

'Jermaine was a senior pharmacy technician in the aseptic unit at the Hammersmith site and was known to many staff not only within his close team but also the wider department.

'He was enormously proud of his work and through his expertise in making and quality checking products such as chemotherapy for our oncology and haematology patients as well as parenteral nutrition for the premature babies, he helped save countless lives. He lived the Trust values every day and was a great member of this close knit team.'

Ms Mounsey added: 'The loss of Jermaine is a great tragedy for his family and for all the many people who loved him. Rest in peace Jermaine, you will be hugely missed.'

Obituaries

Margaret Rawlings

It is with great sadness that we report news of the death of Margaret (Peggy) Rawlings, who died on Sunday 19th April 2020. Margaret was a member of the Association for many years, she always took an active interest in the profession and the work of APTUK. Margaret worked in many pharmacies during her career having qualified through the Society of Apothecaries, London in July 1944 at the age of 18.

Lynn Ali APTUK membership co-ordinator had a lovely chat with her when she first started her membership role about her years in pharmacy, she was very up to date with pharmacy issues and enjoyed reading the APTUK Journal.

Our condolences are extended to all her family. She will be greatly missed.

Teresa Davies FAPharmT

Words from her dear friend Lesley Morgan FAPharmT. MBE.

Sadly, Teresa passed away on Monday 11th May 2020, after a short illness and becoming very frail, but having celebrated her 90th birthday on 28th March 2020.

She was a longstanding member of the Association and attended many of our conferences. Her sparkling smile, calming manner and knowledge of pharmacy was a great support to APTUK officers particularly in our early years. With her gentle manner she was always willing to talk through difficult or frustrating issues helping us to take in a much wider perspective and calm some of our outward frustrations.

Lesley Morgan started her friendship with Teresa when she was APTUK Treasurer many years ago. They were kindred Welsh spirits.

Thank you Teresa, you are often in our thoughts. Our condolences are extended to all her family. She will be greatly missed.

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